

UNITED STATES DISTRICT COURT

for the

Eastern District of Tennessee

Kolby Duckett et al.

Plaintiff

v.

Brian Hickman et al

Defendant

Civil Action No. 1:19-cv-00295

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: City of Signal Mountain, Tennessee
c/o Custodian of Records

(Name of person to whom this subpoena is directed)

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: The complete personnel file of David Michael Schilling DOB 9/11/90.

Place: Robinson, Smith & Wells, PLLC
633 Chestnut St., Suite 700
Chattanooga, TN 37450

Date and Time:

07/30/2021 5:00 pm

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 6/23/21

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) the City of Collegedale, Tennessee, who issues or requests this subpoena, are:

Keith H. Grant and Philip Aaron Wells; Robinson, Smith & Wells, PLLC, 633 Chestnut St., Suite 700, Chattanooga, TN; (423) 756-5051

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No. 1:19-cv-00295

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for *(name of individual and title, if any)* _____
on *(date)* _____.

☒ I served the subpoena by delivering a copy to the named person as follows: _____

by certified mail

on *(date)* *6/28/21* ; or

☐ I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also
tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of
\$ _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: *6/30/21*



Server's signature


Keith H. Grant, Attorney

Printed name and title

ROBINSON, SMITH & WELLS
REPUBLIC CENTRE, SUITE 700
615 CHURCH STREET
CHATTANOOGA, TENNESSEE 37450

Server's address

Additional information regarding attempted service, etc.:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Town of Signal Mountain ATTN: Custodian of Records 1111 Ridgeway Avenue Signal Mtn, TN 37377		B. Received by (Printed Name) DEANR	C. Date of Delivery 6/28/2021
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 3110 0003 5503 0456	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0003 5503 0456

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Town of Signal Mountain ATTN: Custodian of Records Street, Apt. No., or PO Box No. 1111 Ridgeway Avenue City, State, ZIP+4 Signal Mountain, TN 37377	

PS Form 3800, June 2002 See Reverse for Instructions